



City of Long Beach
DEPARTMENT OF HUMAN RESOURCES
DEATH NOTIFICATION

TO: FINANCIAL MANAGEMENT/CENTRAL PAYROLL
IMMEDIATELY NOTIFY: DEPARTMENT OF HUMAN RESOURCES

Date: _____

Information Taken By: _____

Name of Deceased: _____

Social Security No.: _____

Date of Death: _____

Cause of Death: _____

Date of Birth: _____

Date of Hire: _____

Classification: _____

Department: _____

Last Day Physically on Job: _____

Name of Surviving Spouse: _____

Current Employee: ☐ Yes ☐ No

Retired Employee: ☐ Yes ☐ No

Spouse of Retired Employee: ☐ Yes ☐ No

Type of Money Due: (Check)

| | | |
|----------|----------|---------|
| Salary | Vacation | Holiday |
| Overtime | Pension | None |

Type of Pension: (Check One)

P.E.R.S.

POLICE PENSION

FIRE PENSION

Individual Reporting Information

Name: _____

Address: _____

Telephone No.: _____

Relationship to Deceased: _____

Individual to Contact Regarding Disposition of Estate

Name: _____

Address: _____

Telephone No.: _____

Relationship to Deceased: _____

Distribution:

Original to Central Payroll

Two Copies-Department of Human Resources

Departmental Personnel File